**REGISTRATION FORM FOR THESIS**

**(PLEASE USE CAPITAL LETTERS)**

Student’s name: ……………………………………………………………………………………

Phone number: ……………………………………………………………………………………..

E-mail address: ……………………………………………………………………………………

Title of Thesis: ……………………………………………………………………………………..

………………………………………………………………………………………………………

**Supervisor’s**

Name: ………………………………………………………………………………………………

Status: ………………………………………………………………………………………………

E-mail address: ……………………………………………………………………………………..

Place of work: ……………………………………………………………………………………….

Status: assistant lecturer - tanársegéd, senior lecturer - adjunktus, associate professor - docens, full professor – professzor

Place of work: clinic, institute, hospital

**Proposed opponents:** (opponents cannot be from the same department)

1. Name:………………………………………………………………………………………….

Status: ………………………………………………………………………………………… E-mail address: ………………………………………………………………………………..

Place of work: ………………………………………………………………………………….

2. Name:………………………………………………………………………………………….

Status: ………………………………………………………………………………………… E-mail address: ………………………………………………………………………………..

Place of work: ………………………………………………………………………………….

**Required documents:**

2 copies of the thesis bound into booklet (signatures of the supervisor and the head of the department, stamp of the department on the first page)

plagiarism declaration must be bound in both copies.

registration form for thesis.

report from the supervisor about your thesis

**Deadline for handing in your thesis: March 4, 2019**

**Date of thesis defense: April 15-18, 2019**

Date:……….........................

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Student’s signature